

## Peer Outreach Staff Self-Assessment Tool

Since what date have you been a peer outreach worker with this agency? \_\_\_\_\_ (month) \_\_\_\_\_ (year)

*Directions:* For questions 1-14, please select a rating from 1 to 5, or select NA if a question does not apply to you.

Perceived Comfort						
How comfortable do you feel...	Not at all comfortable		Somewhat comfortable		Very comfortable	Not applicable
1. conducting outreach activities (e.g., health education at community events, health fairs, street outreach etc.)?	1	2	3	4	5	NA
2. with the content of the health education presentations you are providing?	1	2	3	4	5	NA
3. creating a safe environment that allows youth to take part in discussions?	1	2	3	4	5	NA
4. with confidentiality and protecting private information that youth may share?	1	2	3	4	5	NA
5. addressing controversial or sensitive topics that youth may talk about?	1	2	3	4	5	NA
6. providing one-on-one risk assessment that may lead to a referral for clinical services?	1	2	3	4	5	NA
7. providing referrals to clinical services?	1	2	3	4	5	NA
Perceived Preparedness						
How prepared do you feel...	Not at all prepared		Somewhat prepared		Very prepared	Not applicable
8. conducting outreach activities (e.g., health education at community events, health fairs, street outreach etc.)?	1	2	3	4	5	NA
9. with the content of the health education presentations you are providing?	1	2	3	4	5	NA
10. creating a safe environment that allows youth to take part in discussions?	1	2	3	4	5	NA
11. with confidentiality and protecting private information that youth may share?	1	2	3	4	5	NA
12. addressing controversial or sensitive topics that youth may talk about?	1	2	3	4	5	NA
13. providing one-on-one risk assessment that may lead to a referral for clinical services?	1	2	3	4	5	NA
14. providing referrals to clinical services?	1	2	3	4	5	NA

**Directions:** For questions 15-21, please select a rating from 1-4 to rate your need for additional training. Select NA if a question does not apply to you. Your answers will help your agency plan for future training opportunities.

<b>Group Facilitation Skills: Training Needs</b>					
<b>I could benefit from training in the following skill area (s):</b>	<b>Very little need</b>			<b>Very high need</b>	<b>Not applicable</b>
15. Communication skills (e.g., feeling comfortable talking to an audience, active listening, conflict negotiation, etc.).	1	2	3	4	N/A
16. Problem solving skills (e.g., helping clients access services, overcoming barriers to seeking services, etc.)	1	2	3	4	N/A
17. Functioning effectively as a peer outreach worker (e.g., creating a safe environment, establishing ground rules, connecting with youth).	1	2	3	4	N/A
18. Providing one-on-one risk assessment.	1	2	3	4	N/A
19. Conducting outreach activities (e.g., health education at community events, health fairs, street outreach etc.)?	1	2	3	4	N/A
20. Ways to gain credibility, visibility or acceptance when providing outreach activities.	1	2	3	4	N/A
21. Recognizing and handling sensitive issues and questions (e.g., protecting private information).	1	2	3	4	N/A

22. Please identify one or two ways that additional training could help you provide outreach, education and referrals to the population that you serve (e.g., specific professional development opportunities that would be helpful).
23. Please identify one or two ways that additional support from the clinic could help you provide outreach, education and referrals to the population that you serve (e.g., more frequent program staff meetings in which outreach staff can share their experiences, solutions to problems, etc. with one another).